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# P. A. C. T. PARENTS AND CHILDREN TOGETHER

GOVERNMENT DOCUMENTS  
COLLECTION

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## A Specialized Foster Care Pilot Project

Massachusetts Department of Social Services

Marie A. Matava, Commissioner

Commonwealth of Massachusetts

Michael S. Dukakis, Governor

Philip W. Johnston, Secretary

Executive Office of Human Services



The following is a year-end report on the D.S.S. Foster Care Pilot Project which began in January, 1986. It includes a review of the project's goals; an overview of the services provided; summary of outcomes; case examples and recommendations for expansion of the project.



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## I INTRODUCTION

The Commonwealth of Massachusetts provides services to approximately 30,000 troubled children every day. These children come from homes where they may have been physically or sexually abused, or neglected; it may be that their parents cannot care for them due to alcoholism, mental illness, incarceration, or a physical illness. Or it may be that the child has serious problems in school, is sexually active, or drug involved.

Of these 30,000 children, 7800 of them have such serious problems that they cannot remain in their own homes. With these children and their families, every attempt has been made to keep the family together through services such as counseling, intensive tracking, parent aide, and day care. But if the family problems are too serious, or the child's problems too difficult to manage, these troubled children are placed in foster care or residential care.

The P.A.C.T. (Parents and Children Together) Foster Care Pilot Project was initiated in January, 1986, by Commissioner Matava, to support those foster parents who are delivering specialized services to our neediest children in foster care. These troubled children need more than simply a roof over their heads, 3 meals a day, and basic supervision. Often they demand special skills and attention in helping the child to learn how to manage his/her own behavior, help with physical therapy, or even lessons for a teenager on how to care for her own baby.

In the past, these specialized services have been delivered to approximately 600 children in private agency foster care. The Commonwealth has a moral obligation to provide these same services to children in state custody.

We have often overlooked our richest resource in obtaining services for our most troubled children. That resource is the foster parents who work for the Commonwealth.





## II STRENGTHENING THE TEAM

The goal of the P.A.C.T. project is to solidify the role of the foster parent as a professional partner on the team that is providing care to our neediest children. Many steps have been taken state-wide to promote this concept: Massachusetts Approach to Partnerships and Parenting (MAPPP) preservice training (done jointly by foster parents and social workers); the creation of the Family Resource Training Institute which includes foster parents as trainers; the development of a statewide foster parent association (Massachusetts Association for Professional Foster Care); including foster parents in the 6 months. review of the progress of children and their families. P.A.C.T. takes all of this one step further.

Six sites (area offices) were selected to participate, based on a broad representation of demographics. Through a variety of methods later described, each office selected those children most in need of a particular "service", and identified the foster parent(s) best able to meet that need. The foster parent, DSS family resource worker, parent, and child (if appropriate) all agreed to exactly what "service" the foster parent would provide to that child. These "services" were beyond those "ordinarily" provided by a foster parent. For example, the foster mother may become certified in delivering an hour of physical therapy a day to a child who is a burn victim. A man may spend an hour a day teaching his 17 year old foster son how to read. The foster parent is then properly reimbursed for these professional services that would otherwise have been delivered by an agency. This serves many purposes. When foster parents are treated as a professional part of the child care team their skills are more fully utilized. But, most importantly, the child learns and is taken care of in a family environment by the adult who knows him/her best.





### III. THE TEAM AT WORK

As noted earlier, the P.A.C.T. project was initiated in six sites: Pittsfield, Blackstone Valley, Lawrence, Waltham, Brockton and Boston-Brookline. Meetings to oversee the project were held monthly with Regional and Central Office program staff, area family resource workers and directors and foster parents. The decisions regarding the money allocated to each site, the payment mechanism, and the fiscal accountability were made at the Central Office level, while the design and workplan for each pilot site were developed by the area office. The area office's job was to assess children's needs, determine strengths and capabilities of their foster parents, and thus design a program to best serve their population. The workgroup provided staff with the opportunity to discuss strategies for implementation, resolve problem areas and discuss outcomes.

#### Service Delivery

The target populations varied by location but focused on children with special needs (physical, emotional, behavioral) and adolescents (pregnant and parenting, transitioning to independent living). The goals identified for the children were reunification with families, transition to guardianship or adoption, independent living, prevention of community residential placement or transition out of community residential placement.

The selection of foster families for the project was handled in a variety of different ways. Offices presented the project to families through area foster parent support groups, general mailings and on a one-to-one basis. Family resource staff took the lead in working with prospective families to assess their special skills and their commitment. Several offices asked families to complete a written skills survey. Others relied on team assessments done in the area office.

Children for the project were selected by direct service caseworkers and supervisors. Each child was subsequently reviewed at a case conference which included the child's social worker, the family resource worker and an area program manager. Once selected, written service agreements were drawn up with the foster parent, outlining the services to be provided, trainings and meetings to be attended and written reports to be submitted. Additionally these agreements specified the hours of service and the amount of payment.



In negotiating the agreements for service it was required that each service provided be documented in the child's service plan and be directly linked to the permanent plan for the child.

Foster parents received payment of \$7/hour for up to 20 hours per week of service to a child. Additionally foster parents caring for severely problematic or disturbed children were granted an adjustment allowance of \$1 or \$2 a day. This allowance was granted in acknowledgement of the fact that many of these children are likely to damage property, and show other almost uncontrollable behaviors which can severely disrupt the household.





#### IV. CASE EXAMPLES

Sarah is a 15 year old girl from Pittsfield. She never knew her father. She and her mother had always fought, and at age 12 Sarah had run away from home. At 14, she returned to Pittsfield; she was pregnant. The father of her child had been on the run with her. His whereabouts are now unknown. Sarah wanted to have her baby and to keep the child. She is bright and capable, but simply too young and inexperienced to be able to care for the child on her own. At this time; Mr. & Mrs. Jones have been foster parents for twenty years. Mrs. Jones has taught birthing classes for five years and felt her experience and interest in helping "new parents" made her an excellent resource for teen parents like Sarah.

Sarah will live with the Jones' through her pregnancy and after her child is born. The contract that was drawn up between Sarah and the Jones' detailed specific tasks for all involved.

Mrs. Jones actually became Sarah's birthing coach and spent time every week with Sarah teaching her about her pregnancy, about how to care for an infant and began to introduce basic skills to help Sarah eventually live on her own. After Sarah's baby is born, Mrs. Jones will supervise the care of the baby but will encourage Sarah to be the primary parent.

Matthew is twelve months old. He is an adorable baby with brown hair and eyes. He has severe developmental delays - he can't sit up, roll over or hold his own bottle. Mrs. Smith, Matthew's foster mother, has four years experience caring for foster children with similar developmental histories. In order to help Matthew reach age appropriate milestones, he was enrolled in an early intervention program three days per week. Mrs. Smith rearranged her schedule and commitments to other family members in order to work with this baby as intensively as required. She meets with early intervention staff two times a week where she is learning techniques to stimulate Matthew's learning and development and spends individual time with Matthew daily. The early intervention staff have nothing but praise for Mrs. Smith's "energy, commitment and stick-to-itiveness"





Another foster mother, Mrs. Dowd, brings thirty years parenting experience and ten years foster parenting experience to John, her foster son, and his dad, Robert. Mrs. Dowd helps Mr. Page, a single father, learn the parenting skills he needs to have his son live with him full time. Mrs. Dowd will remain involved with John and his Dad after John goes home to provide the ongoing support and encouragement to make this a successful reunification.



## V. OUTCOMES

"In my case the teenage mother grew 100% closer to her son. He recognized that she was his mother."

Foster Mother

"The child was handicapped, almost a vegetable, when she came to us. She now talks, eats whole food by herself, crawls and was placed with her grandmother."

Foster Mother

This project has resulted in better services for children in foster care with DSS, more positive relationships between staff, foster parents and birth families and an increased sense of professionalism on the part of DSS foster families.

In one year, the project has utilized the expertise of over 80 foster families to work with approximately 210 children needing specialized care. Currently about 100 children are receiving services from 65 families. A number of children have returned home, gone to adoptive placements or on to independent living after their service plan goals were reached. The adolescents moving on to independent living included teenage mothers like Sarah who received training in parenting skills, allowing them to move to more independence with their children.

A number of foster families were trained to work with children who had been sexually abused. They learned how to cope with the behaviors exhibited and how to assist these children in continuing their social development. In a number of cases the work of the foster families prevented placement in a community residential setting.

Some of the families in this project have worked with young children with developmental delays like Matthew. This has involved extensive contact with early intervention programs, and being trained to work with the child at home. There has been extensive contact between foster families and the medical providers for children with special medical needs. Foster parents have learned physical therapy techniques to be used at home. In some cases, the foster parents have been instrumental in teaching birth parents how to complete these exercise programs, looking toward the child's return home.



Foster families have worked with birth families serving as role models for appropriate parenting skills. Staff reported that very positive relationships between foster parents and biological parents developed through this structured visiting arrangement. Foster families felt that they were valued for this input and were instrumental in movement toward children's return home. Because of this special effort a child like John lives at home with his Dad.

The foster families involved in the project have been very positive about this endeavor. They have felt that they were receiving the support and training necessary to make them members of the service team. The communication between staff and foster parents improved considerably.

In a survey done of foster parents, significant improvements were reported in the following areas:

- o more respectful and professional treatment by DSS staff;
- o more communication with and emotional support from DSS social workers;
- o improvements in the quantity and quality of training received; and,
- o more adequate compensation received for services rendered.

In general, it was clear from their comments that foster parents felt more recognized and appreciated for their work. They liked the flexibility inherent in their roles, which allowed them to experiment with creative and effective parenting techniques. They enjoyed getting to know DSS social workers, supervisors, and administrators better and felt the extra contact was advantageous to DSS as well, in that staff got a better picture of how the children in foster care were doing. Staff do indeed report that P.A.C.T. has been a major factor in building strong team alliances founded on mutual respect.

Increased support to foster parents, emphasis on team building and utilization of their skills has led to better care for troubled children in the care and custody of the Commonwealth.





## VI. RECOMMENDATIONS

Reviewing the pilot project's first year of operation has provided the opportunity to assess its success and its shortcomings. Via the tracking of children through monthly reporting, DSS has been able to recognize their progress throughout the project. Via the foster parent survey, DSS has been able to identify the significant improvements in foster parent's knowledge, personal attitudes, and specialized skills.

These measurements of success were also able to identify areas of further improvement. Specifically, foster parents recognize a need for additional training and supervision in working with biological families, supervising visits, and working with handicapped children. Additional recommendations from foster parents include:

- o more consistent involvement of foster parents in service planning and case reviews;
- o more training of social workers regarding the role of foster parents within the pilot project and more interaction between these two groups, in general, to further strengthen their relationships to each other;
- o re-evaluation of the payment system and related paperwork to make it more efficient;
- o babysitting and respite care services for foster parents to enable them to attend more training and to have periodic breaks; and,
- o further development of foster parent support groups, a resource that has not yet been fully utilized.

The pilot project's documented benefits to both the foster children and foster parents clearly need to be made available in all 40 area locations. There are potentially 1,200 children in foster care with an identifiable handicap. These are the children needing the skills and services available through specialized foster care. Expansion of the project statewide at a level consistent with the first year of operation could potentially reach one-half of that population.



Expansion of the project statewide will equalize the support, the professionalism, and the reimbursement structure to the Department's foster parents. Also, the statewide implementation will allow the strengthening of teamwork among foster parents, DSS staff and biological families throughout all areas.

The improved services for children in foster care, more positive relationships between the staff, foster parents and birth families, and the increased professionalism of foster parents should be available without geographic restrictions.



# **PILOT PROJECT**

## **DATA SUMMARY**

**CHART # 1: PILOT PROJECT STATISTICAL SUMMARY**  
**-Including characteristics of**  
**children and costs.**

**CHART #2: PILOT PROJECT SERVICES**  
**-A summary of the numbers**  
**of children receiving services**  
**in 5 broad categories.**





REGION	# OF CHILDREN	AGES			SEX		ETHNICITY				PERMANENCY PLAN				PAYMENT PER CHILD
		0-5	6-12	13+	M	F	Cauc	Black	Hisp	Asian	Return Home	Adopt	Indep. Living	Guard	
I	36	11	10	15	21	15	36	0	0	0	22	2	8	4	Average: 16 children Average: 9.1 hrs/wk \$80.00/wk 66,560 annualized
II	37	7	14	16	19	18	37	0	0	0	26	2	9	0	Average: 16 children Average: 10 hrs/wk 80,704 annualized
III	40	9	15	16	22	18	32	2	6	0	19	9	9	3	Average: 17 children Average: 11.5 hrs/wk \$103.00/wk 91,052 annualized
IV	27	14	10	3	13	14	24	0	3	0	22	3	2	0	Average 11 children Average: 6.5 hrs/wk \$74.00/wk 42,328 annualized
V	56	19	25	12	29	27	49	2	5	0	34	16	3	3	Average: 34 children Average: 16 hrs/wk \$113.00/wk 199,784 annualized
VI	14	2	1	11	8	6	5	5	4	0	3	0	11	0	Average: 5 children Average: 13 hrs/wk \$137.00/wk 35,620 annualized
TOTALS	210	62	75	73	112	98	183	9	18	0	126	32	42	10	Statewide Annualized Cost \$516,048

**PILOT PROJECT STATISTICAL SUMMARIES**  
**JANUARY-DECEMBER**  
**1986**



## PILOT PROJECT SERVICES

- o Transition to Independent Living. The services offered in this category address the needs of older adolescents whose service plan goal was to gain the skills to become self-sufficient. The foster parents provided training and support around daily living skills, budgeting and finances, job search, peer relationships, education, and household maintenance. They also provided role modeling for these adolescents.
- o General Parenting. Services in this category were provided to non-teen parents, primarily protective service families with a goal of returning children to the home. Foster parents taught parenting skills to biological parents with the goal of strengthening parent-child relationships. In addition, the foster parents acted as role models in providing nurturance and limit-setting with the children. In some cases the foster parents were viewed as 'parent-aides' who focused primarily on the biological parent, providing support and nurturance to the parent with the objective that he/she will then feel more supported and able to provide for their child's emotional needs.
- o Supervision of Visits with Biological Family. The target population for these services were those families for whom reunification was the identified goal. However, in some cases the foster parent facilitated sibling visits only. The services which the foster parent provided may have included transportation, coordination and scheduling of visits, supervising the visit, and observing the child's reaction before, during and after visits.
- o Special Medical and Therapeutic Services. Services in this category were geared toward children who had special needs in the areas of treatment, physical/medical services and special education services. Foster parents provided child specific specialized services including physical therapy, behavior modification techniques, and communicating in sign language with deaf and hearing impaired clients. Foster parents acted as educational advocates, monitored and provided transportation for medical services, participated in early intervention services for infants, implemented training in daily living skills, and worked with children on sexual abuse issues.





- o Professional Foster Parent Skills. Services in this category drew upon and developed the professional skills of foster parents. As members of multidisciplinary teams, foster parents played a defined role in the service planning for the children they serviced.

The following examples were implemented:

- a. Participation in specialized training including weekly pilot project meetings. Training topics included child development, discipline, sexual abuse, working with birth parents and teaching independent living skills.
- b. Observation and documentation of children's visits with their biological family. In some cases, foster parents provided documentation of child/parent bonding, and in other cases documentation and paperwork for medical, therapeutic and educational purposes was provided.
- c. Short term assessment was provided in an effort to prevent long term placement. Foster parent tasks included participation in training on assessment, observations of childrens' behaviors, data collection, coordinating services with mental health professionals, and participating in family meetings.
- d. Developing a lifebook with the foster child. Parents who worked with children on lifebooks provided an ongoing process for the child to understand the changes in his/her life. In this process foster parents and children compiled pictures and narratives which chronicled important people places and events in the child's life. This process provided the children with a transitional album to keep with them at adoption or return home.





## NUMBER OF CHILDREN PER SITE

SERVICE CATEGORY	I	II	III	IV	V	VI
TOWARDS INDEPENDENT LIVING	3	7	5	2	0	6
PREGNANT & PARENTING TEENS	5	1	1	2	2	0
GENERAL PARENTING SKILLS	3	7	3	12	0	4
SPECIAL MEDICAL + THERAPEUTIC SERVICES	24	24	25	26	44	8
SUPERVISED VISITS	0	7	5	6	29	3
PROFESSIONAL FOSTER PARENT SKILLS	36	37	40	27	56	7

## PILOT PROJECT SERVICES



**STATEWIDE PLAN  
FOR  
PILOT PROJECT IMPLEMENTATION**



PILOT PROJECT

AREA BASED WORKPLAN

<u>Goals</u>	<u>Objectives</u>	<u>Timeline</u>
Initiate a Specialized Foster Care Pilot Project	<ul style="list-style-type: none"><li>- Identify 6 area offices.</li><li>- Identify staff from each office to be in work group.</li><li>- Determine fiscal appropriation for each office.</li></ul>	Fall 1985
Develop Proposal for Each Area Project	<ul style="list-style-type: none"><li>- Identify population to be served.</li><li>- Identify families to participate.</li><li>- Identify services to be provided (i.e., training, support).</li></ul>	December 1985
Set Up Fiscal Accountability	<ul style="list-style-type: none"><li>- Determine payment mechanism.</li><li>- Identify responsible person in each office.</li><li>- Develop monitoring tool.</li></ul>	December 1985
Set Up Contractual Agreement with Foster Parents	<ul style="list-style-type: none"><li>- Social worker will clearly identify child's needs in service plan.</li><li>- Family resource worker will locate appropriate foster family.</li><li>- Foster family will be given information on child.</li><li>- Foster family and DSS will determine specific services family will provide:<ul style="list-style-type: none"><li>- documented in service plan;</li><li>- related to goals, objective;</li><li>- contracted for specific number of hours/week @ \$7/hour.</li></ul></li></ul>	January 1986  On-going





AREA BASED WORKPLAN (cont'd)

<u>Goals</u>	<u>Objectives</u>	<u>Timelines</u>
Professionalize Use of Foster Families	<ul style="list-style-type: none"><li>- Include foster parents in team meetings, case reviews, etc. on child(ren) in their home.</li><li>- Set up regular schedule of contact between foster family and DSS staff.</li><li>- Pay foster parent hourly wage for specific services contracted</li><li>- Support foster parents in obtaining specific skills needed</li><li>- Set up mechanism for accountability with foster family.</li></ul>	On-going
Monitor Services Provided by Foster Parents	<ul style="list-style-type: none"><li>- Regular communication between DSS staff and foster parents</li><li>- Use of monitoring forms</li><li>- Evaluation of child's progress toward identified service plan goals.</li></ul>	On-going
Evaluate Project	<ul style="list-style-type: none"><li>- Complete evaluation form from Research, Evaluation and Planning.</li><li>- On-site visits with Central Office staff.</li><li>- Questionnaire to foster parents.</li><li>- Area based assessment.</li></ul>	June 1986



**WALTHAM AREA OFFICE PLAN  
FOR  
SPECIALIZED FOSTER CARE PILOT PROJECT**





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Commissioner

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FOSTER CARE PILOT PROJECT WORK PLAN

Waltham Area OFFICE    REGION IV

(METROPOLITAN - BEAVERBROOK)

THE PROJECT GOAL:

The Commissioner defined the Agency goal for foster care services in 1986 as one of professionalization for foster parents and identification of the individual special needs of children in placement. The Agency objective in initiating this pilot project is an attempt to upgrade the foster care system generally, to reimburse foster parents for their specific skills, to create a "team approach" between foster parents, D.S.S. staff and biological parents, and, most importantly, to provide the best possible placement experience based on individual service plan needs, for each child in the foster care system in Massachusetts. To these ends, the Commissioner has allocated funds to be spent by six regions.

The Met Beaverbrook Area Office, Region IV was allocated \$78,000.00 for specialized service reimbursement (at \$7/hr, maximum 20 hrs/week) to foster parents, and \$17,000.00 for Adjustment payments to prevent premature disruptions in existing placements.

The Goals/Objectives of the Met-Beaverbrook Area office are consistent with those of the Commissioner, and also reflect our unique geographical, resource and client situations. The Met-Beaverbrook Area plan includes a mechanism for compensating and involving foster parents serviced in several other area offices, in situations where this would provide specific services for our children according to individual service plans.

The Met-Beaverbrook plan will attempt to reduce time spent by D.S.S. staff in transporting children to various medical, therapeutic, and visitation appointments, and increase continuity of the caretaking role assumed by foster parents.





We intend to promote the foster parents' self-concept as professionals by the increase of responsibilities, the reimbursement of same and the team approach which will develop during this project.

Following is an outline of the process we used to define our version of the pilot project, roles of the participants, technical procedures, and specific case examples.

## PROJECT PROCESS:

### IDENTIFICATION OF SUITABLE CASES

In attempting to identify the most suitable pool of cases and resources for the pilot project, three key populations were approached:

#### Area Office Social Workers

An in-house staff meeting occurred at which the project philosophy was presented. Concrete, case-specific examples were solicited. Staff members also took the opportunity to familiarize themselves with the goals, objectives and parameters of the project.

#### Area Office Supervisors

The Beaverbrook office supervisors met with the pilot project planning group to elicit discussion of those cases which would benefit from either the "disruption allowance" or the additional funding segment. Supervisors were asked for a list of children in placement within their units, who could benefit from increased foster parent services.

#### Foster Parents

A special presentation regarding the pilot project for the Beaverbrook Area foster parents was advertised by separate mailing, and generated a lively discussion, letters to the Area Director, and ideas for the planning group. Response was overwhelmingly positive. The suggestions made by these key populations were used to formulate the Area-specific plan. The planning committee met regularly to make the case selections and to devise the technical aspects of running the project. Case-specific examples provided to the committee follow:



## CASE-SPECIFIC EXAMPLES

We have identified the following key areas of need in the Beaverbrook Area:

### 1. Independent Living:

#### A. 17 year old female

Foster mother will work with her for six hours/week on specific skills such as:

- .Finances
- .Job Hunting
- .Apartment Living
- .Life Skills
- .Self-help Skills

#### B. 17 year old female with newborn

Foster mother will spend 20 hours/week:

.Supervising care of the infant (and documenting progress).

.Assisting the mother with medical appointments/health care issues.

.Assisting the on-going worker in determining the young mother's ability to provide for the needs of her infant.

.Working with young mother on general self-help skills.

### 2. Therapeutic Services:

#### A. 4 year old sexually abused female

The foster mother will assist with therapy appointments, and will help with the supervision of visits, including working with the traumatized child afterward. (20 hours/week)

#### B. 10 year old multiply handicapped male

The foster parent will provide a wide variety of specialized services including physical therapy, occupational therapy, and general assistance with a range of professional appointments.



2. Therapeutic Services (continued)

C. Three emotionally disturbed siblings (pre-teens)

A foster parent will go into current foster home to provide occupational therapy and recreational therapy, and attempt to prevent disruption of the placement.

3. Supervised Visits

A. Foster parent separate from placement resource will transport/supervise the weekly parental visits. Documentation of the visit will be required.

B. Foster parent will supervise parental visit in home, and will document (on a weekly basis). Foster parent will assist with transportation for in-office visits and will document.

4. Parenting Skills

A. Foster parent will supervise and train single father in specific parenting skills:

- .Feeding/Nutrition
- .Health Care
- .Nurturance
- .Schedules

Following return home of the child, foster mother will continue to work with the single father in his home to monitor progress and assist in a variety of areas.

PARTICIPANT ROLES:

Foster Parent Participants will agree to provide a specific service with pre-determined frequency, as outlined in written form and signed by the case-managing social worker, the family resource worker, and the foster parent (at the reimbursement rate stated).

The foster parent will agree to meet with the family resource worker prior to participation in this project, for clarification of the project goals, reimbursement methods, and expectations of performance.

The foster parent will agree to participate in self-evaluations, and case-specific evaluations by the case managing social worker and the family resource worker at various times during the project and at the completion of the project.







Case Managing Social Workers will write the specific services needed by individual children in placement in the child's service plan. The social worker will meet with the family resource worker to sign the child specific agreement, and to receive technical assistance with the POS-8 payment procedures.

The social worker will agree to evaluate the effectiveness of the services being provided by the foster parent, and to alert the family resource worker of potential problems and procedural difficulties throughout the provision of services.

The social worker and Supervisor will agree to be the final authority on their clients' needs for specific services, effectiveness of the services in place, and achievement of service plan goals.

Family Resource Workers will assist the area director in devising the area pilot project plan, and will assume responsibility for evaluation of the foster parent participants' success at achieving the service plan goals.

The family resource worker will meet individually with the foster parents, and with the social workers, to explain the project, to write the child-specific agreement, and to assist with technical aspects, questions and problems which might arise during the project.

The family resource worker will design the evaluation tools used in the project, and administer them at various intervals.

The family resource worker will write the final report regarding the project's success, using input from the case-managing social worker, the foster parent participants and the supervisor.

The family resource worker will arrange trainings for both the social worker and foster parent(s) who may need in-depth support in the various aspects of the project and/or want specific skills trainings.

#### TECHNICAL PROCEDURES:

Payments to foster parent participants will be made through the POS-8 system. The case managing social worker will be responsible for submission of the POS-8 forms, with assistance and monitoring provided by the family resource worker. Payments to out-of-area foster parents will occur in the same manner. The family resource worker will provide periodic reports to the involved area homefinders.



Statistics will be kept by the family resource unit: expenditure will be monitored, service plan goal successes and failures will be monitored, and participants will be evaluated. Results will be noted in the final report to the Commissioner.

Written Contracts will be required in each child's file. A standard document with space for descriptions of the specialized services, frequency of provision, payment rate, required evaluation times, and signatures of the foster parent, case managing social worker and family resource worker, is being developed. The contract will contain the same goals as the child's service plan. Copies of the contract will be kept by the foster parent, the family resource worker, and as previously stated, the case managing social worker.

Evaluations of the child's progress will be made monthly by the case managing social worker. Additional monitoring of foster parent participants will be done by the family resource worker, self-evaluations from participants required at the completion of the project. Because the needs of the clients will differ, the monitoring frequency will vary widely.



BEAVERBROOK PILOT PROJECT

MONTHLY QUESTIONNAIRE

SOCIAL WORKER FORM

Please rate the success of the Pilot Project in the following areas, using a scale of 1 - 5.

- 1 = Added Work
- 2 = No Change
- 3 = Moderate, positive effect
- 4 = Good effect noticed
- 5 = Excellent effects noted

(If not applicable, please circle no change.)

\*\*\*\*\*

Child's Name: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Foster Parent's Name: \_\_\_\_\_

Family Resource Worker's Name: \_\_\_\_\_

Month: \_\_\_\_\_

1. Effect of project on your workload?

1      2      3      4      5

2. Effect of project on the parent?

1      2      3      4      5

3. Effect of project on child?

1      2      3      4      5

4. Overall effect on Family Service Plan?

1      2      3      4      5

5. Effect on your relationship with Foster Parent?

1      2      3      4      5

Any other comments - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**P.A.C.T.**

**FOSTER PARENT SKILLS SURVEY**

**Samples from Brockton Site**



P.A.C.T. FOSTER PARENT APPLICATION

NAME(S) :

FOSTER MOTHER:

FOSTER FATHER:

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EDUCATIONAL BACKGROUND:

Please include highest grade level attended and degree received if applicable.

Also please list separately any courses, training, workshops you have attended or participated in. This can include academic or vocational interests.

FOSTER MOTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOSTER FATHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORK EXPERIENCE:

Please list all positions of employment you have held full or part-time, including foster parent experience.

FOSTER MOTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



FOSTER FATHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOBBIES/INTERESTS/SPORTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRADE/LICENSES/CERTIFICATIONS:

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REFERENCES: \_\_\_\_\_

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SIGNATURE

\_\_\_\_\_  
DATE





# SKILL SURVEY OF DSS BROCKTON AREA FOSTER PARENTS

Names:

Foster Mother:

Foster Father:

Address:

Phone Number:

Following is a checklist of some skills, activities, or services that foster parents may be providing to foster children, their parents, or for other foster parents. this is not an exhaustive list, so please feel free to indicate any special skills or other talents that are not listed.

Please check as many as apply:

	Foster Mother	Foster Father	Other Family Member
1. Caring for infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understanding developmental stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Toilet training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Managing behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Teaching social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Working with adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Working with natural parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Supervising visitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tutoring (subject)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Looking for a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Teaching study/work skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Looking for a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Budgeting and managing finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Vocational counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Independent living skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assertiveness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Building self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Dealing with sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. helping children and families with transition home or to an adoptive home or independent living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Working with sexually abused children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Group work with children or adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Working with pregnant teens or unmarried teens with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Working with special needs children- medical, developmentally delayed, behaviorally disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Accessing supportive community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Accessing special education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Independent living skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Drug and alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Dealing with truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Behavioral contracting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Foster Mother	Foster Father	Other Family Member
32. Occupational therapy activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Recreational therapy activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Hobbies (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Resume writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Personal hygiene, cosmetics, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Providing transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Respite services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Emergency placement resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Dealing with stress and burnout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Team building skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Dealing with separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Parenting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use this space to explain in more detail what services or training you could provide and other comments you may have:





